

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43204

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791/
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. BARNES HO. 11454 Registered No. 11454
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME Howard Sides

(a) Residence, No. NR Farmington, Mo. St. NR (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Loleta Matkin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25th, 1910
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 4 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Linotype Operator
9. Industry or business in which work was done, as saw mill, bank, etc. Linotype
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation.....
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Farmington,
(STATE OR COUNTRY) Missouri

13. NAME Dan Sides
14. BIRTHPLACE (CITY OR TOWN) Jackson,
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Minnie Hopkins
16. BIRTHPLACE (CITY OR TOWN) Farmington,
(STATE OR COUNTRY) Missouri

17. INFORMANT Loleta Sides
(ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farmington, Mo. DATE December 13, 1937

19. FUNERAL DIRECTOR Albert H. Hoppe
(ADDRESS) 439 N. Euclid Ave.

20. FILED DEC 13 1937 19 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 10 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 - 6 - 1937, to 12 - 10 - 1937

I last saw him alive on 12 - 10 - 1937. Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

Hodgkin's disease
Arteriosclerosis
Secondary

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? B.A. P.S. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) B. H. Charles, M. D.
(Address) 101 N. 1st St.

STATEMENT BY LICENSED EMBALMER

I, Albert H. Hoppe, Licensed Embalmer No. 1861
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Albert H. Hoppe

Licensed Embalmer No. 1861

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)